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CONFIRMATION NO. 1800

|  |   |                                      |   |  |                                    |
|--|---|--------------------------------------|---|--|------------------------------------|
| <b>SERIAL NUMBER</b><br>10/509,230   | <b>FILING OR 371(c)<br/>DATE</b><br>09/24/2004<br><b>RULE</b>   | <b>CLASS</b><br>438                  | <b>GROUP ART UNIT</b><br>2812   | <b>ATTORNEY<br/>DOCKET NO.</b><br>SON-2628 |                                    |
| <b>APPLICANTS</b><br>Shinji Omori, Kanagawa, JAPAN;<br>Kaoru Koike, Ibaraki, JAPAN;<br>Shigeru Moriya, Kanagawa, JAPAN;<br>Isao Ashida, Kanagawa, JAPAN;   |   |                                      |   |  |                                    |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/JP03/03455 03/20/2003  |   |                                      |   |  |                                    |
| <b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 2002-92612 03/28/2002  |   |                                      |   |  |                                    |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR<br/>COUNTRY</b><br>JAPAN | <b>SHEETS<br/>DRAWING</b><br>24   | <b>TOTAL<br/>CLAIMS</b><br>26              | <b>INDEPENDENT<br/>CLAIMS</b><br>5 |
| <b>ADDRESS</b><br>23353  |   |                                      |   |  |                                    |
| <b>TITLE</b><br>Mask pattern correction method, semiconductor device manufacturing method, mask manufacturing method and mask  |   |                                      |   |  |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>1200   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                      | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                    |